

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000007923

1. Entity Name
FLORIDA OUTREACH CENTER FOR THE BLIND, INC.



Principal Place of Business
**1386 VICTORIA DRIVE
WEST PALM BEACH, FL 33406**

Mailing Address
**1386 VICTORIA DRIVE
WEST PALM BEACH, FL 33406**



04282005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
55-0827232

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LAPP, CAROLYN
1386 VICTORIA DRIVE
WEST PALM BEACH, FL 33406**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME RUDY, EVELYN
STREET ADDRESS 23343 BLUE WATER CIR., #B221
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE VD
NAME LAPP, WILLIAM
STREET ADDRESS 1386 VICTORIA DR.
CITY-ST-ZIP WEST PALM BEACH, FL 33406

TITLE SD
NAME GATHRIGHT, VIRGINIA
STREET ADDRESS 4936 PALM WAY
CITY-ST-ZIP LAKE WORTH, FL 33463

TITLE TD
NAME KAMEN, JAMES
STREET ADDRESS 341 FAIRWAY N.
CITY-ST-ZIP TEQUESTA, FL 33469

TITLE M
NAME LAPP, CAROLYN
STREET ADDRESS 1386 VICTORIA DR.
CITY-ST-ZIP WEST PALM BEACH, FL 33406

TITLE D
NAME TRABULSI, JOHN
STREET ADDRESS 4640 PALLADIN ST. #31
CITY-ST-ZIP WEST PALM BEACH, FL 33417

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Carolyn Lapp *Carolyn Lapp* 4-29-05 561-968-6268